

Alverson V. Blackwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Benjamin Gibson			Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Blackwell			Mother's Birthplace	Md	
Name of person giving information	Peter Blackwell			How related to deceased	S. Father	

## CAUSES OF DEATH

Primary	Measles	How long	10 days
Immediate	Convulsions	How long	48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. S. Smith

Eustis, Md

Accident or Suicide?

Painted at  
Hammondton  
May 184

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Easton</u> Town		County <u>Salisbury</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>April</u>	Day <u>3</u>	Year <u>68</u>	Age <u>68</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Md</u>				
Occupation <u>Salesman</u>	Where Residing if not at place of death <u>Md</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>	Father's Birthplace <u>Md</u>				
Father's Name <u>James R Blunt</u>	Mother's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Hannah Beggs</u>	How related to deceased <u>Cousin</u>					
Name of person giving Information <u>Los. B Harrington</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Depression of spirit (59)

How long

don't know

Immediate

Suicide

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. R. Rupke

Easton

Shot himself through the  
head with a 38 caliber  
bullet

Accident or Suicide?



Name  
in  
Full

Georgina Brummel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

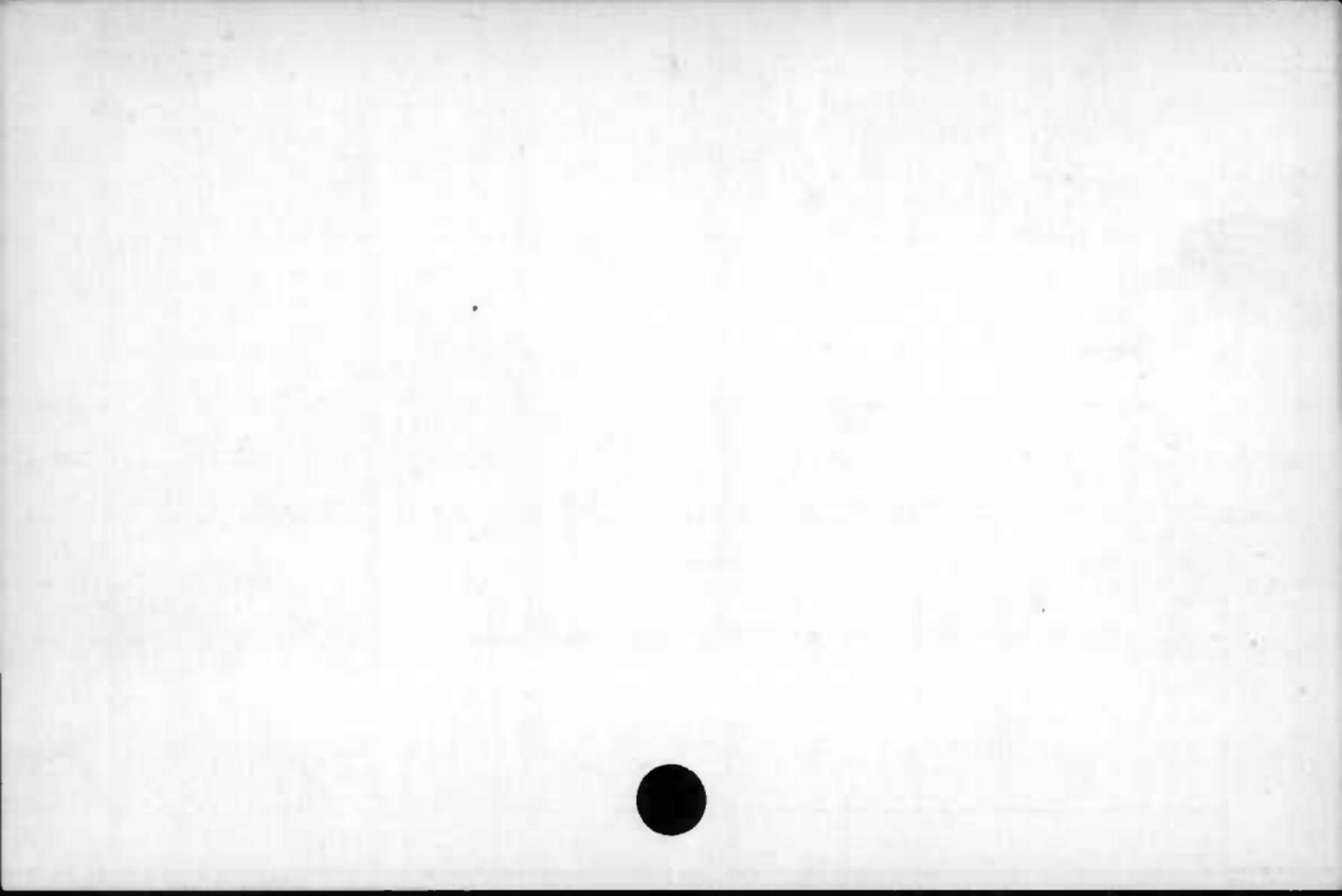
Died near	own town Trappe		County Talbot	MARYLAND		
Date of death 1906	Month 4	Day 29	Years 3	Months 11	Deys	—
Sex Female	Color or Race Black		Birth-place Talbot Co, Md			
Married, Single or Widowed Single	Occupation					
Name of Wife or Husband						
Father's Name George Brummel Jr.			Father's Birthplace Talbot Co, Md			
Mother's Maiden Name Sarah Emily Bachelder			Mother's Birthplace ? " "			
Name of person giving information Geo Brummel			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid Fever	How long 3 weeks -
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Joseph A. Ross Jr.
	Address Trappe, Talbot Co, Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Joseph Lohambe ain

Died at near Easton

Talbot County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	April	7	60	4	8
Sex	Color or Race	Black			
Male		Easton			

Occupation

farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Lohambe ain

Father's Name

Joseph Lohambe ain

Father's Birthplace

Easton

Mother's  
Maiden Name

Lizzie Grant

Mother's Birthplace

Easton

Name of person giving  
Information

John Lohambe

How related  
to deceased

friend

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

2 weeks

Immediate

Dea age

How long

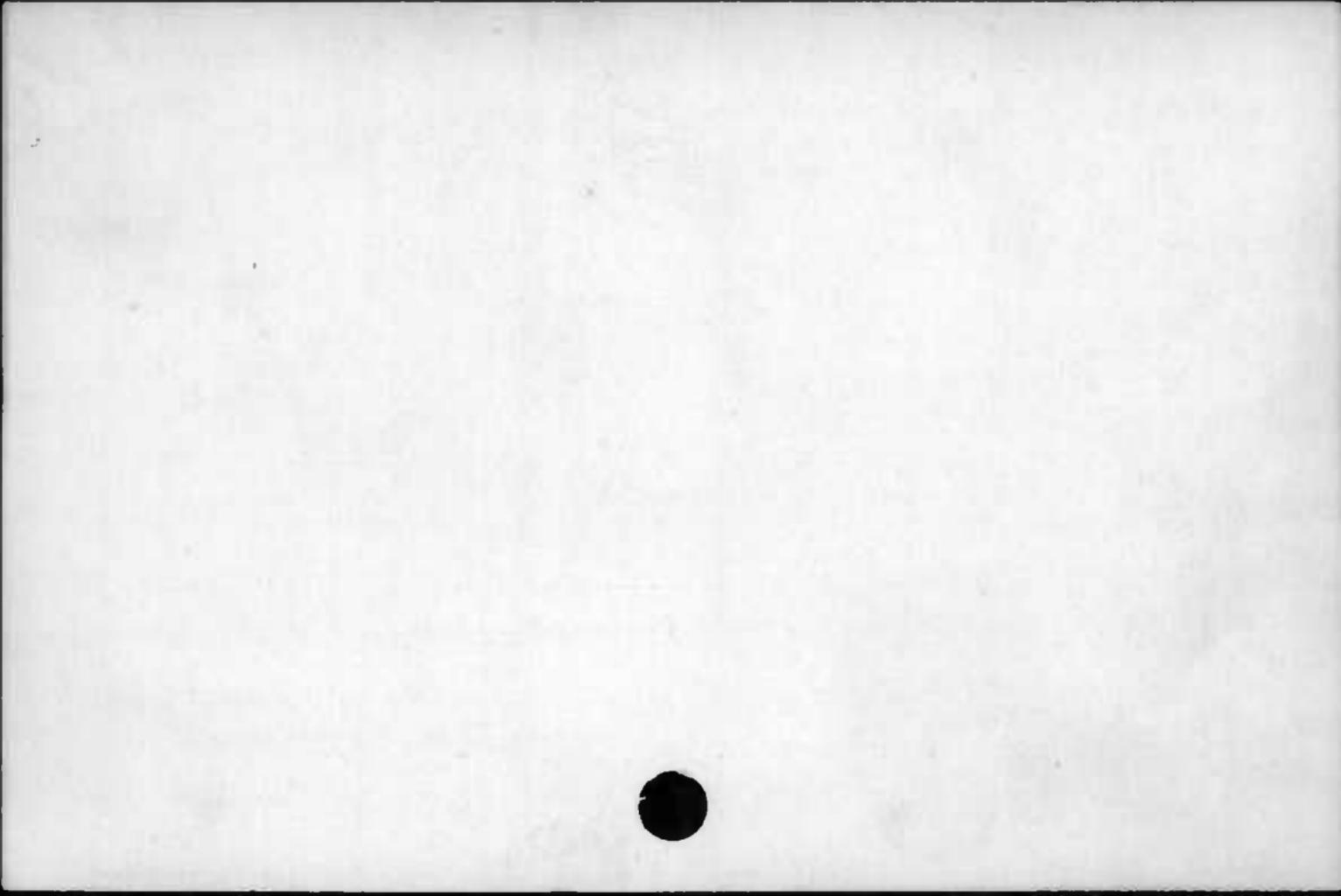
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

A. A. Loughlin  
Unclab

Address

Accident or Suicide?



Name  
in  
Full

Richard D. Clark

4/20/19

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

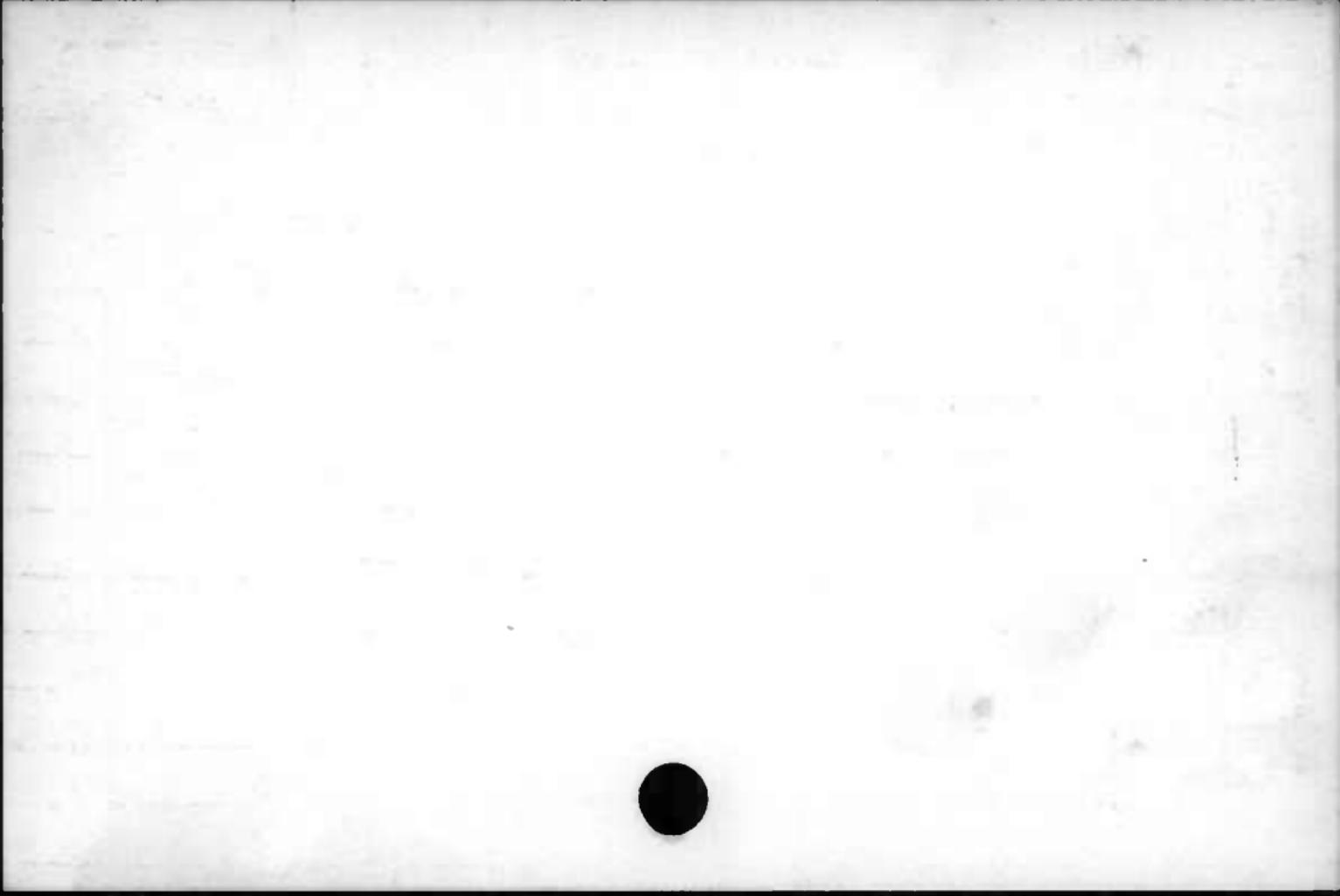
Town	County		
Died at Tilghman	Talbot		
Date of death 1906	Month 4	Day 25	Years 69
Sex Male	Color or Race White	Birth-place Virginia	
Occupation Painter	Where Residing if not at place of death Tilghman		
Married, Single or Widowed	Name of Wife or Husband Anna Clark		
Father's Name Unknown	Father's Birthplace Don't know		
Mother's Maiden Name	Mother's Birthplace //		
Name of person giving information	Sam'l Frampston Son in law		

CAUSES OF DEATH

155

PHYSICIAN  
OR CORONER

Primary Large doses of Laudanum	How long 30 hours
Immediate Poisoning	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W.W. Chaires
Yes	Address Tilghman 2nd
Accident or Suicide? Suicidal	AM



Name  
in  
Full

William Henry Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Easton	Month	Day	Years	Months	Days
Date of death	1906	ape	15	Age 55	6	10
Sex	Male	Color or Race	Black	Birth-place	Talbot Co	
Occupation	stone cutter			Where Residing If not at place of death	Easton, Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Ann Collins			
Father's Name	Daniel Collins			Father's Birthplace	Talbot Co	
Mother's Maiden Name	Angelina Goncol			Mother's Birthplace	Talbot Co	
Name of person giving information	Mary J. Collins			How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's disease		How long	6 mos.
Immediate	Exhaustion		How long	after wakes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. R. Lipe M.D.	
		Address	Easton	
Accident or Suicide?			Med	

Hammond Inn  
Aug 17

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Tonyay Copper

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1906	Month April	Day 9 <sup>th</sup>	Age 11	Years	Months 2
Sex	male	Color or Race	colored			
Occupation	school boy	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles Copper			Father's Birthplace	Talbot Co	
Mother's Maiden Name	Mary Paine			Mother's Birthplace	"	
Name of person giving information	Charles Copper			How related to deceased	Father	

CAUSES OF DEATH

Primary

Exsiccic fever



How long

2 wks.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.B. Hayward M.D.  
Easton, Md

yes.

Accident or Suicide?

Apel 11/06.  
Hammond Town

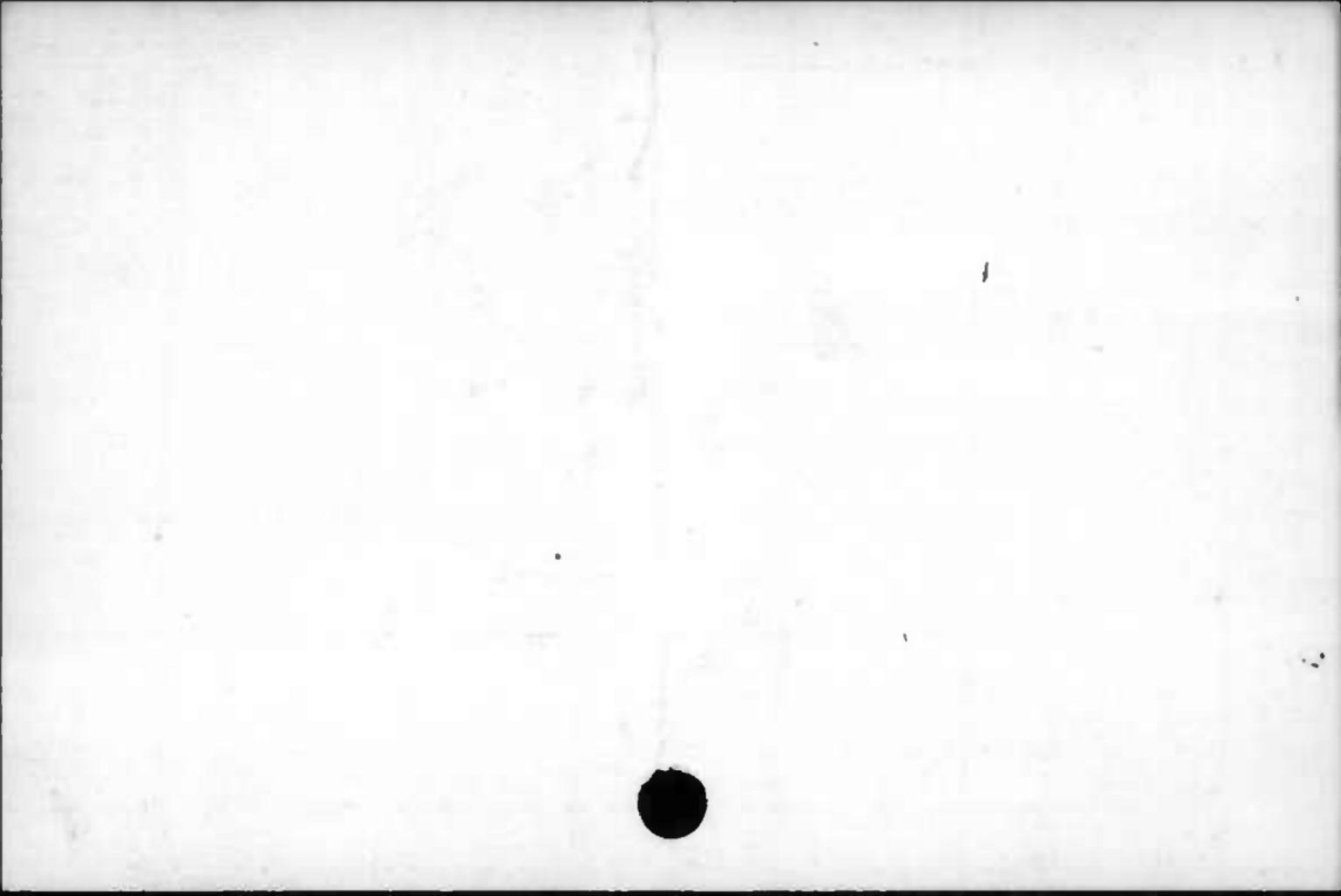
Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1906		4	13	0	0	0	
Sex		Male	Color or Race	African			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Frank Copper					
Mother's Maiden Name		Rachel Gibson					
Name of person giving information		Frank Copper					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Birth			How long		24 hrs
	Immediate	Strangulation			How long		6 hrs.
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	P. O'Bellon Jr & Son		
				Address	Easton Md		
Accident or Suicide?							

Accident or Suicide?



William A Goulby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County
Near Easton		Talbot
Date of death	Month	Years
1906	April	19
Age	Months	Days
	-	-
Sex	Color or Race	Birth-place
Male	White	Talbot County
Occupation	Where Residing if not at place of death	
substitute Mail Driver	Easton	
Married, Single or Widowed	Name of Wife or Husband	
Single	-	
Father's Name	Father's Birthplace	
Robert M Goulby	Kent Co Del	
Mother's Maiden Name	Mother's Birthplace	
Althe Adams	Dover Del	
Name of person giving information	How related to deceased	
Father	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Drowning	(17)	How long
Immediate	Heart failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	S. O. Willcox MD

Accident or Suicide?



Name  
in  
Full

Elisha L. Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

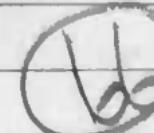
Town	Died at near Easton		County	Delaware	
Date of death	1906	Month April	Day 24	Age	Years 80 -
Sex	Male	Color or Race	white	Birth-place	Md Del.
Occupation	Where Residing if not at place of death <input checked="" type="checkbox"/> 100 Market Street and 2nd Street and 2nd Street				
Married, Single Widowed	Name of Wife or Husband		John Martin Marrow and wife and 2nd Street		
Father's Name	Elisha Evans		Father's Birthplace	Del.	
Mother's Maiden Name	Sallie Baker		Mother's Birthplace	Del.	
Name of person giving information	Thos. L. Evans		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age

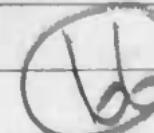


How long

—

immediate

Paralysis



How long

Two months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. R. Zupke

Address

Easton

Md

Accident or Suicide?

10 at Easter

Roy L. Frampston

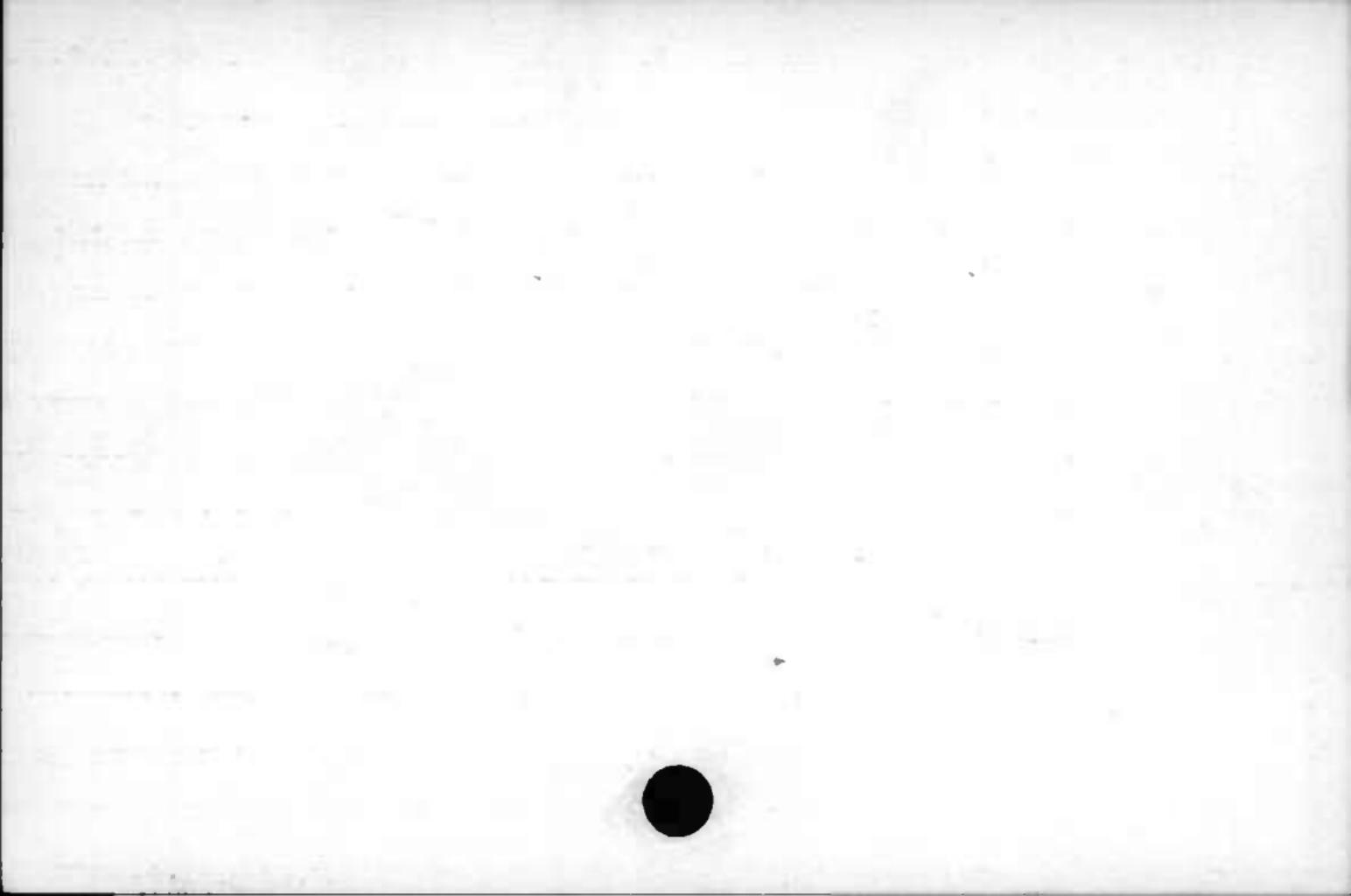
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Tilghman</u>		Town <u>Talbot</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>4</u>	Day <u>5</u>	Years <u>—</u>	Months <u>4</u>	Days <u>5</u>
Sex <u>Boy</u>	Color or Race <u>white</u>	Birth-place <u>Tilghman</u>			
Occupation <u>—</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>James Frampston</u>				Father's Birthplace <u>Tilghman</u>	
Mother's Maiden Name <u>Gertude Jones</u>				Mother's Birthplace <u>Broad Creek</u>	
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

Primary <u>Whooping Cough</u>	How long <u>3 weeks</u>
Immediate <u>Congestion of Lungs</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W.W. Chaires</u>
	Address <u>Tilghman, Md.</u>
Accident or Suicide?	



Lucinda Gardner

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Choptank</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1906 April</u>	Month <u>April</u>	Day <u>16</u>	Years <u>37</u>	Months <u>7</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Blacks</u>	Birth-place <u>Talbot only</u>			
Occupation <u>book</u>	Where Residing if not at place of death <u>1</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Isaac Gardner</u>	Father's Birthplace <u>Talbot</u>				
Mother's Maiden Name <u>Rachelle D. Dyer</u>	Mother's Birthplace <u>Talbot</u>				
Name of person giving information <u>Rachelle Gardner</u>	How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Labour 140 How longImmediate Obstetrical haemorrhage 3 weeks How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. Ashby

Address

WilmingtonEaston Md

Accident or Suicide?

18. march 1966

Name  
in  
Full

Sarah Ann Groge

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	April	2	69		11	14
Sex	Color or Race		White		Birth-place	
Female	White		Lancaster Co., Pa.			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Michael Thomas Groge				
Widowed	Michael Thomas Groge					
Father's Name	Warren Hayden					
Mother's Maiden Name	Dolly Hayden					
Name of person giving Information	James Groge					
CAUSES OF DEATH						
Primary	Chronic Bronchitis					
Immediate	Heart Failure					
How long						
91						
How long						
Five years.						
How long						
—						

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

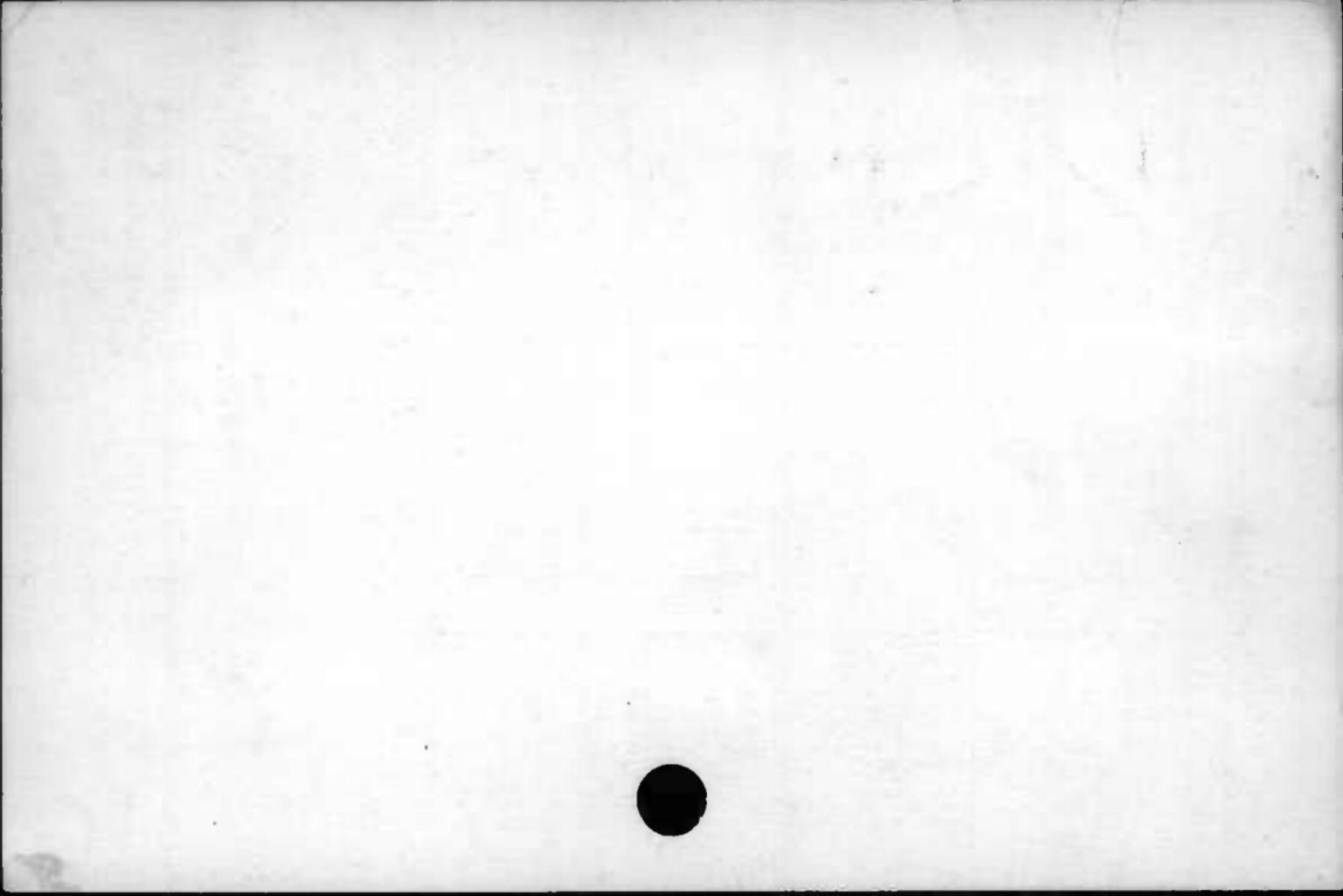
Signature of Physician

S. K. Wilson

Address

Lily Brown  
Aid

Accident or Suicide?



Name  
in  
Full

Florence Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	St Michaels	Town	County	MARYLAND		
Date of death	1906	Month April	Day 27	Age 18	Years	Months — Days —
Sex	Female	Color or Race	Colored	Birth-place	St Michaels	
Occupation	—			Where Residing if not at place of death	St Michaels	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	Geo. H Jackson			Father's Birthplace	Bay Side	
Mother's Maiden Name	Ida Barnes			Mother's Birthplace	St Michaels	
Name of person giving information	Father			How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption



How long

about a year

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J C Tolman

St Michaels

md

Accident or Suicide?



Name  
in  
Full

Clarissa B. Stump

CERTIFICATE OF DEATH

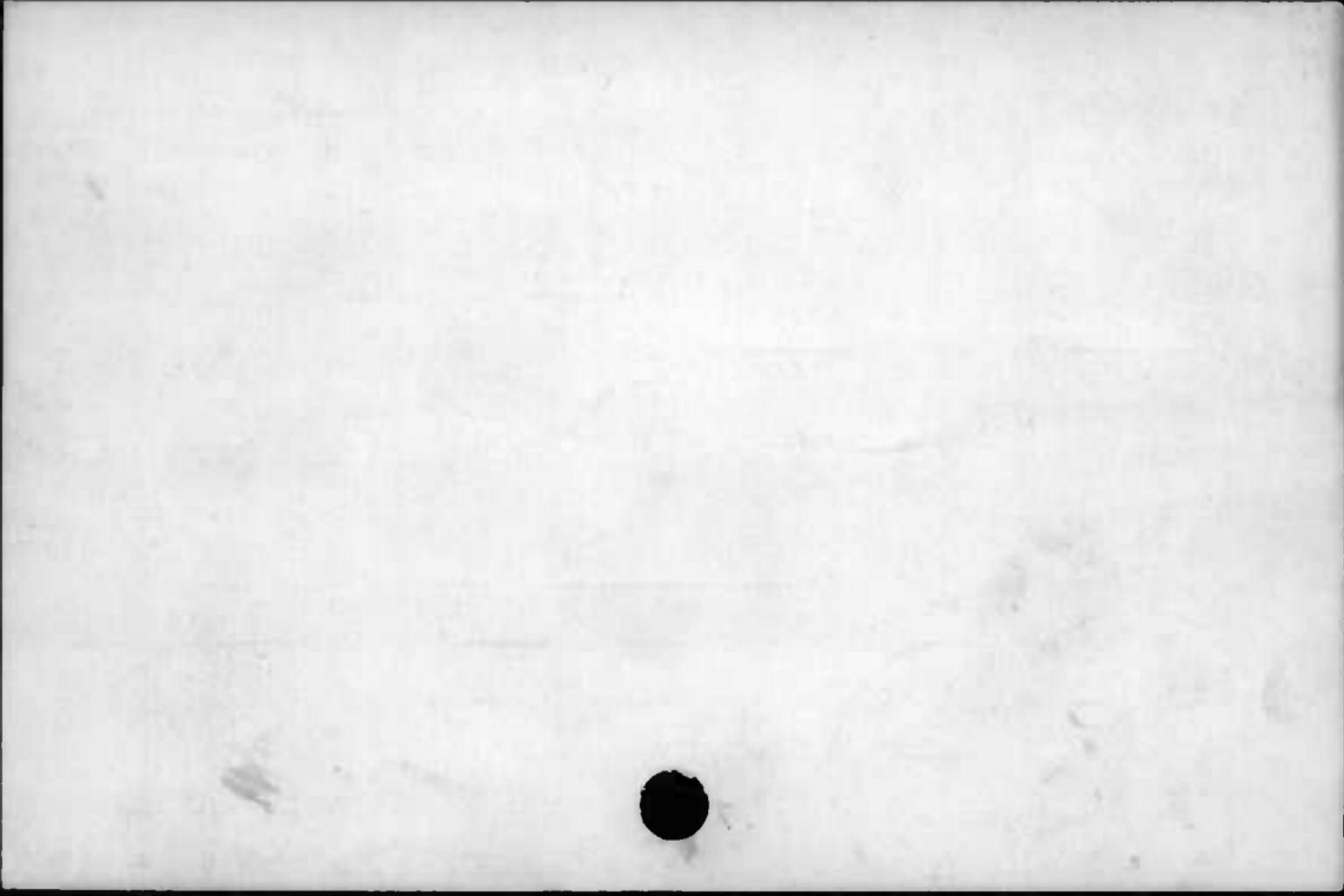
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Thomas J. Stump	
Father's Name	Aaron Hyatt		
Mother's Maiden Name	Mary Cohen		
Name of person giving information	Anna Hilditch		

CAUSES OF DEATH

Primary	Emphysema, sequel of		How long
Immediate	Pleuritis; Exhaustion		3 months
Are the name, age, sex, color, date and place correctly given above?		How long	
Yes		1 week	
Signature of Physician		Mr. S. Seymour	
Address		Trapepe, Md.	
Accident or Suicide?		No	



Name  
in  
Full

Bessie M Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	April	1	Age	1	28		
Sex	Color or Race		Birth-place		Place of death		
Female	Colored		Talbot Co		Talbot Co		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Mrs Miller		Talbot Co				
Mother's Maiden Name	Florence Monday		Talbot Co				
Name of person giving Information	Josh Miller		Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

1. Bronchitis

90

How long

Ten days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

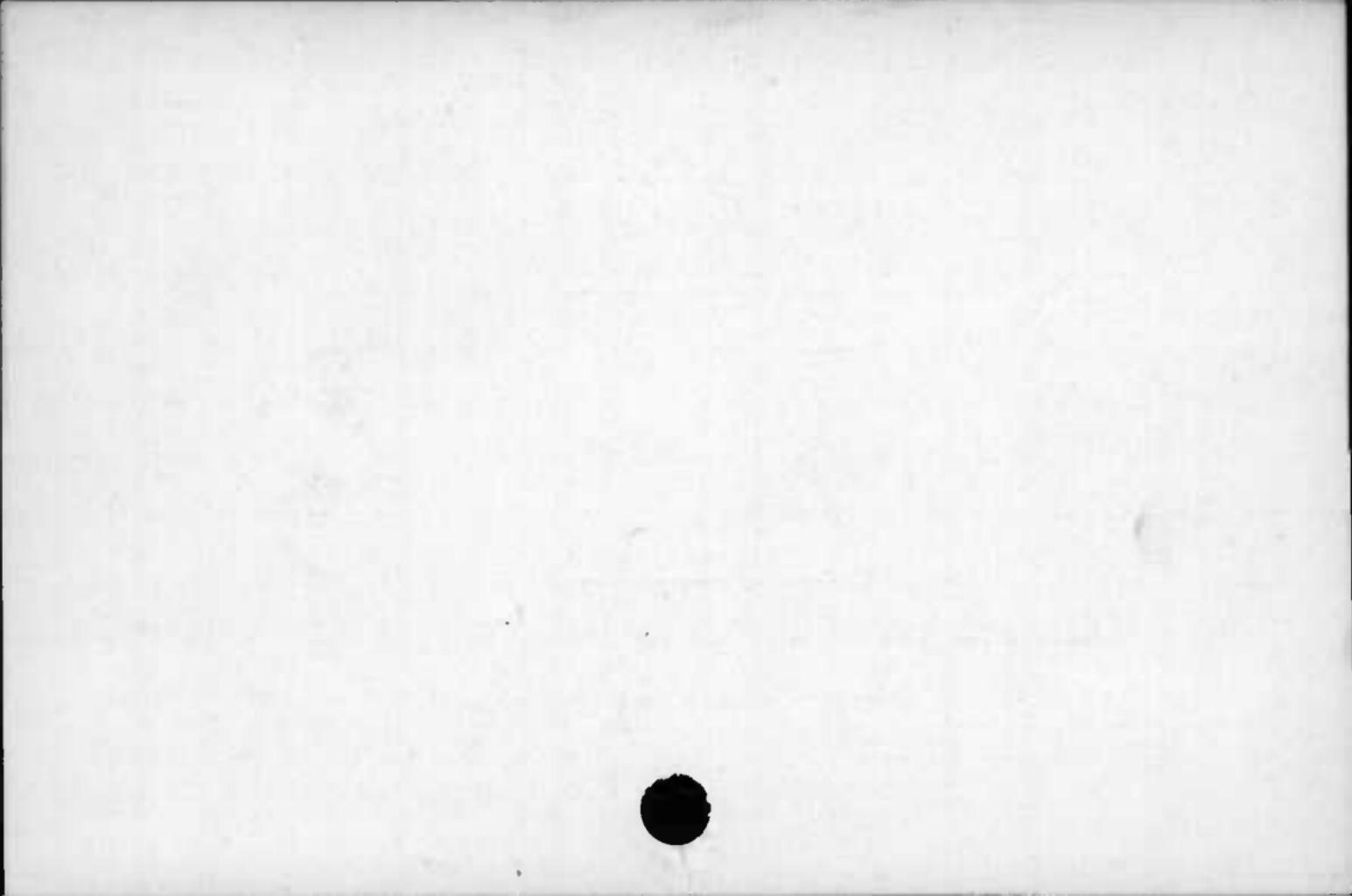
Signature of  
Physician

Address

Child had no medi-  
cal attention

J. W. W. Miller  
Cordova  
Md

Accident or Suicide?



Name  
in  
Full

Fannie Ellen Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	April	25	Age
Sex	Color or Race	Years	Months
Female	Black	One	six
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Chas Miller	Father's Birthplace	Baltimore
Mother's Maiden Name	Emma Hopkins	Mother's Birthplace	St. Michaels
Name of person giving information	Chas Miller	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia Bronchitis		How long	
Immediate	Asthma		92	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long	12 hours
		Address		W. G. J. M.D.
				St. Michaels Md.
Accident or Suicide?				



Name  
in  
Full

Alice Murray

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Euston</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>2</u>	Age <u>7</u> Years	Months <u>10</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Euston</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Alice Murray</u>			Father's Birthplace <u>Baltimore Co</u>		
Mother's Maiden Name <u>Henrietta Chase</u>			Mother's Birthplace <u>Baltimore Co</u>		
Name of person giving information <u>Alice Murray</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

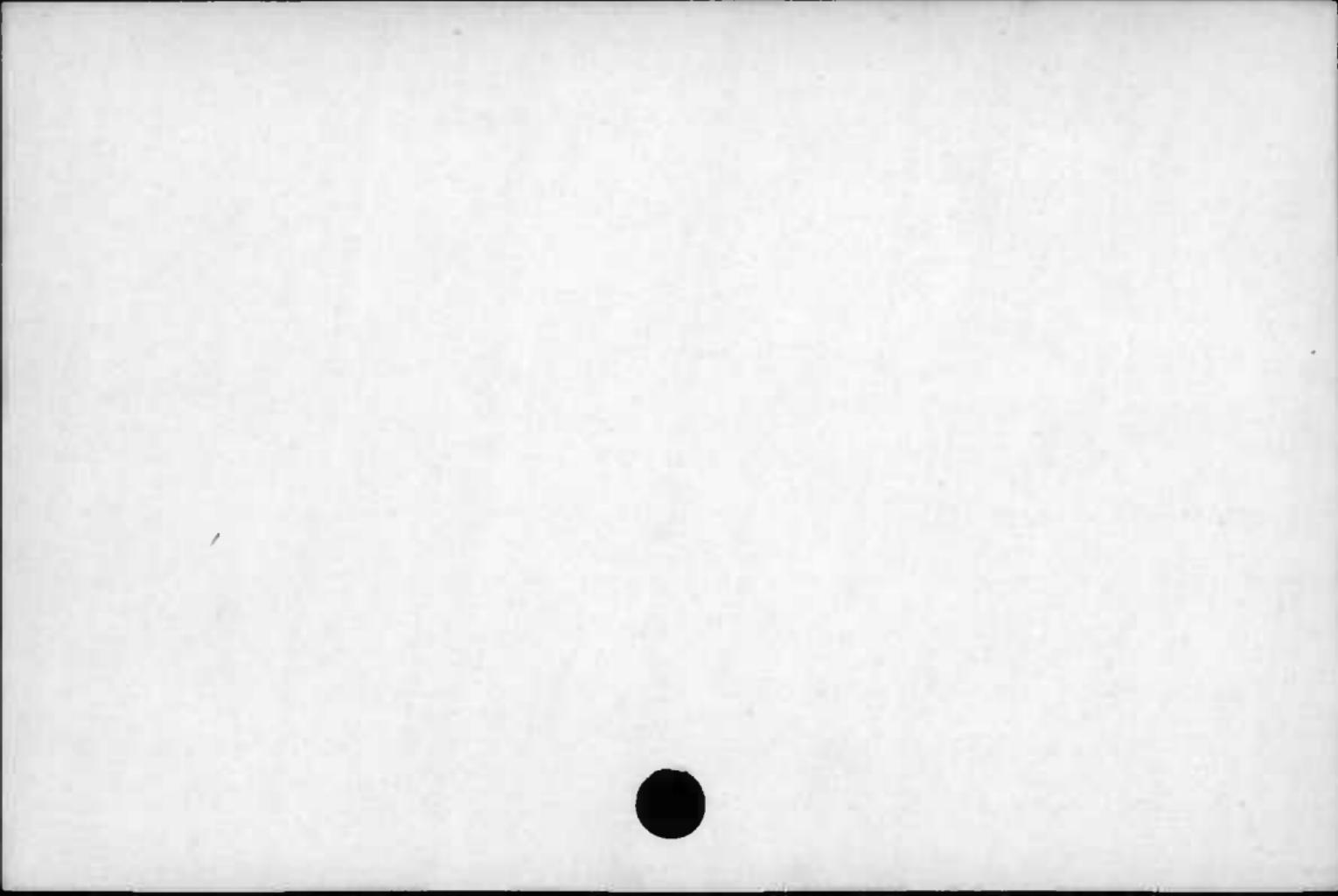
Primary <u>Mumps</u>	<u>6</u>	How long <u>2 weeks</u>
Immediate <u>Bronchitis</u>	<u>6</u>	How long <u>1 month</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Jane Ornet

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Castle</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>13</u>	Years <u>71</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>"</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Thomas Ornet</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

(20)

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease  
Exsanguination

How long

6 mos

Immediate

How long

open neck

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. R. Drige  
New Castle  
Md

Accident or Suicide?

Lauding Head  
afc w

Hornby Douglas Rubert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND		
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>5</u>	Age <u>—</u> Years	Months <u>11</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Easton</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
Father's Name <u>Ernest Rubert</u>				Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Corrine Russin</u>				Mother's Birthplace <u>—</u>		
Name of person giving information <u>E. Rubert</u>				How related to deceased <u>Father</u>		

## CAUSES OF DEATH

Primary	<u>Murder</u>	How long <u>5 days</u>
Immediate	<u>Convolvulus</u>	How long <u>4 hours</u>

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Morris  
Easton

Accident or Suicide?

Apel 6/05  
Hammond Form

Name  
in  
Full

Amelia Mathilles Tord

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Eustis	Talbot			
Date of death	1906 Apr	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	73		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Turnell Tord			
Father's Name	William Sullivan		Father's Birthplace	Caroline Co., Md		
Mother's Maiden Name	Billiter		Mother's Birthplace	Caroline Co., Md		
Name of person giving information	Mrs. Tord		How related to deceased	Son's Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Indigestion

immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

104

How long

2 hrs

How long

1 hour

Dr. Glenn

Eustis, Md

Accident or Suicide?

April 15<sup>th</sup>  
Matthew Town

Name  
in  
Full

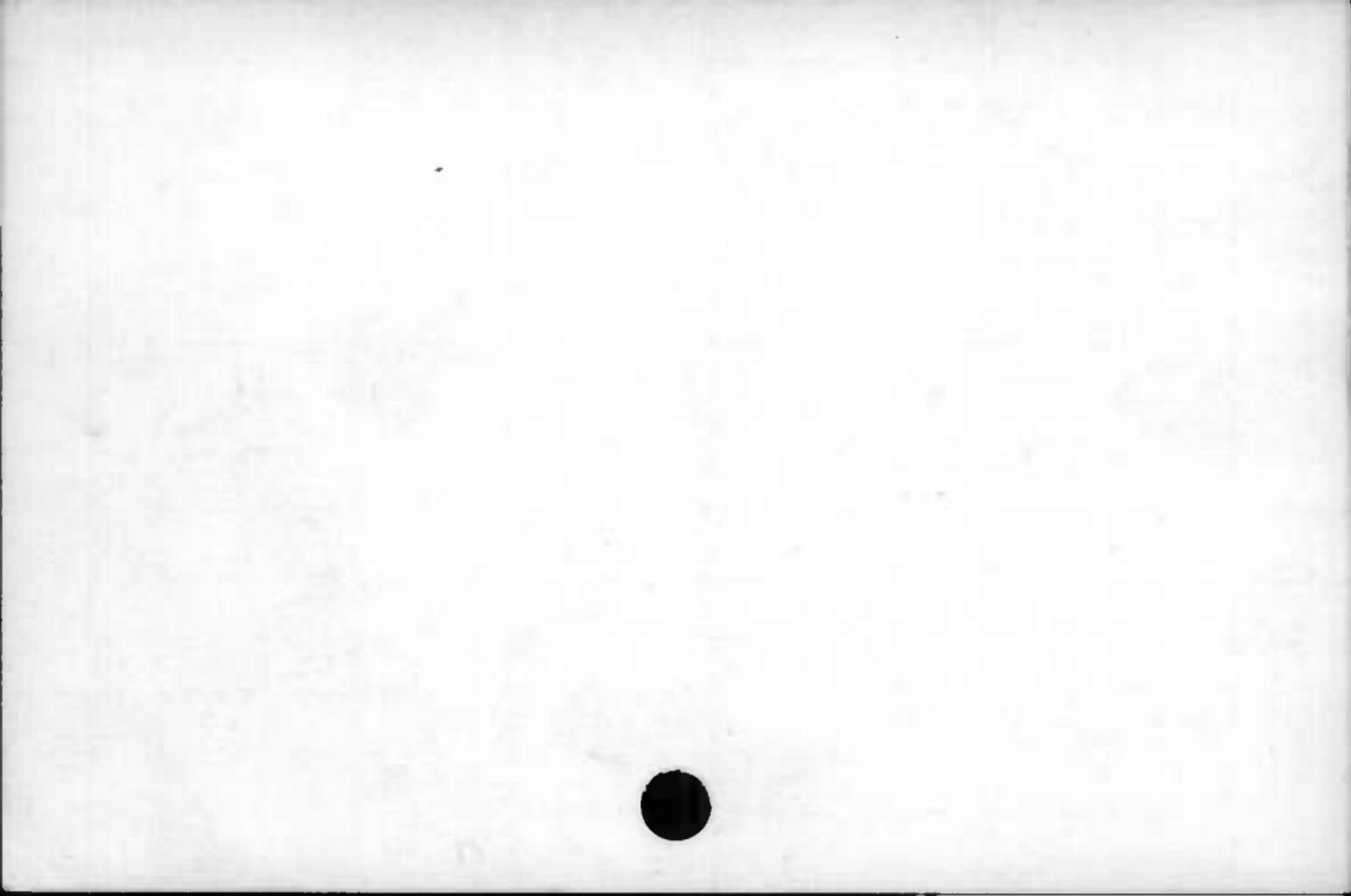
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Belvoir</u>		Town <u>Townsend</u>		County <u>Talbot</u>		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1906	April	11 <sup>th</sup>	75	—	—	—	
Sex	male	Color or Race	white	Birth-place	Talbot Co		
Occupation	Former			Where Residing if not at place of death			
Married, Single or Widowed	Francis Townsend nee Dawson						
Father's Name	Alex Townsend			Father's Birthplace	Talbot		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Phelmon Townsend			How related to deceased	Brother		

CAUSES OF DEATH

Primary	Talbotian trouble of heart		How long	20 or 3 yrs
Immediate	Heart failure		How long	— instantaneously
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sam'l C. Skipper	
Yes		Address	Royal Oak Maryland	
Accident or Suicide?				



Name  
in  
Full

Clifton Vigil

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	4	29	0	10	
Sex	Male	Color or Race	African	Birth-place	Talbot Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Walter Gelsom				
Mother's Maiden Name	Beulah Vigil				
Name of person giving information	Harrison H. T. (6)				
Father's Birthplace	Talbot Md.				
Mother's Birthplace	Talbot Md.				
How related to deceased	Grandfather				

CAUSES OF DEATH

Primary	Cerebro-spinal meningitis (6)	
Immediate	Circulatory failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address

PHYSICIAN  
OR CORONER

Accident or Suicide?

30 April

Name  
in  
Full

James Lloyd Hatto.

CERTIFICATE OF DEATH

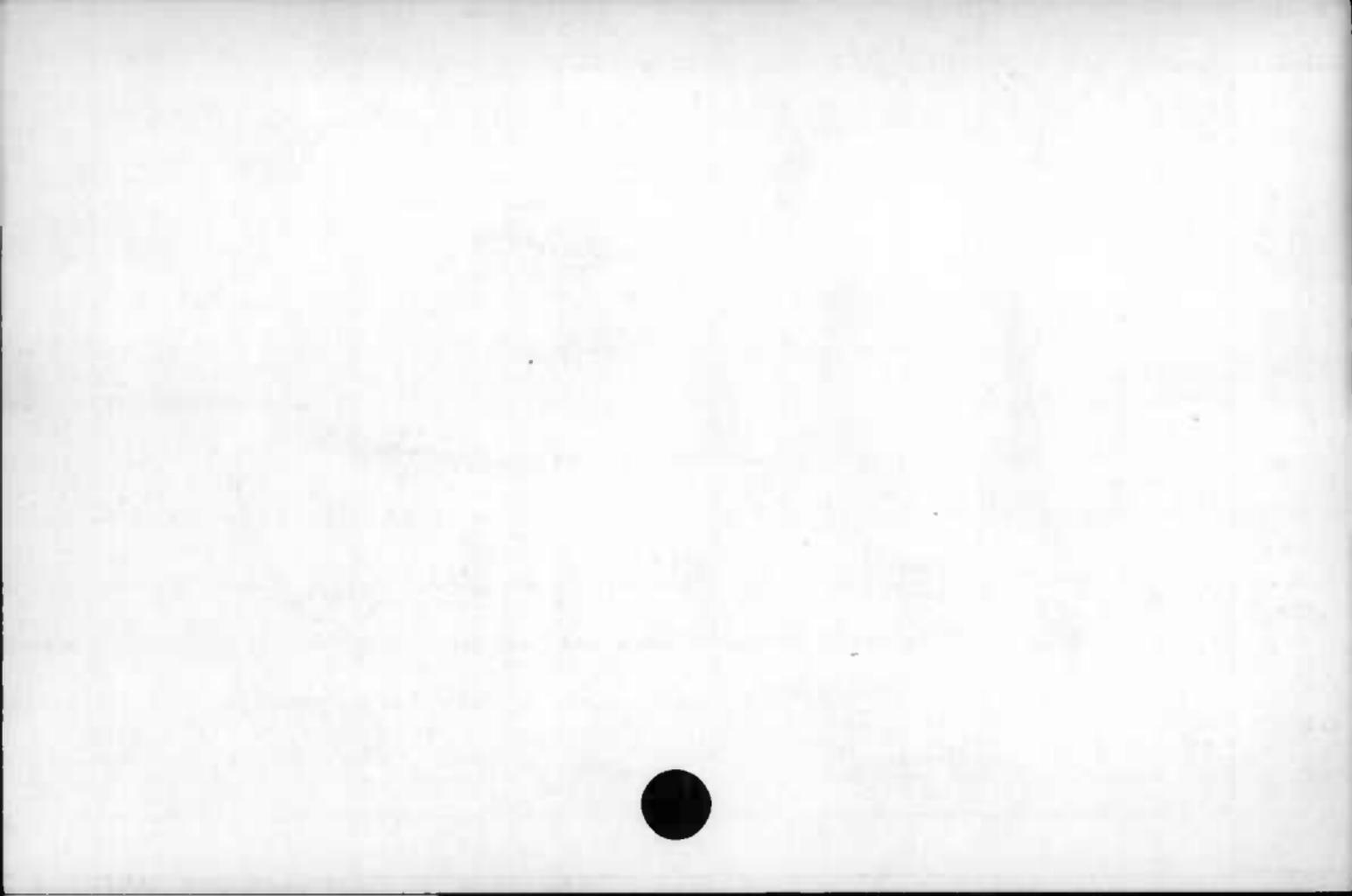
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Baltimore	Baltimore		Baltimore Co			
Date of death 1906	Month 4	Day 10	Years 57	Age	Months	Days
Sex Male	Color or Race		White		Birthplace Baltimore Co, Md.	
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband						
Father's Name	St Clair. Hatto Sr.		Father's Birthplace		Scotland.	
Mother's Maiden Name	Florence Trappe		Mother's Birthplace		Orchard Co, Md.	
Name of person giving information	S. C. Hatto Sr		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute meningitis.		⑥	How long	4 days.
Immediate	Corna		⑥	How long	8 hours -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A Ross M.D.		
		Address	Trappe, Md		
Accident or Suicide?					



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

Wm. Alexander Webb

CERTIFICATE OF DEATH

Died at Mc Daniel

Town Talbot County

MARYLAND

Date of death 1906

Month 4

Day 17

Years 58

Months 5

Days 27

Sex Male

Color or Race

Colored

Birth-place

Caroline Co.

Occupation

Labourer

Where Residing if not  
at place of death

Mc Daniel

Married, Single  
or Widowed

Name of Wife or  
Husband

Lizzie Wilson

Father's Name

John H. Webb

Father's Birthplace

Caroline Co.

Mother's Maiden Name

Mary Boston

Mother's Birthplace

Caroline Co.

Name of person giving  
Information

John H. Webb

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

11

How long

Immediate

Aphlergy

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Joseph G. Skinner, M.D. Coroner

Address

Mc Daniel, Md.

Accident or Suicide?

